Agency Report of: Ceremonial Role Events and Tic	ket/Pass	s Distributions		A Public Documen
Agency Name County of Los Angeles Division, Department, or Region (If Applicable)			Date Stamp	California 802 Form
Board of Supervisor, First District Designated Agency Contact (Name, Title))			
Barbara Garcia, Ticket Administrator Area Code/Phone Number E-mail 213-974-4111 bgarcia@bos	Incountry		Amendment (Must p	ovide explanation in Part 3.)
2. Function or Event Information Does the agency have a ticket policy?		Face Value o		(Month, Day, Year)
Event Description Provide Title/Explain Ticket(s)/Pass(es) provided by agency?	enation Yes No	Date(s) 05		иссе
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (L	ast, First)
Recipients Use Section A to identify the agency's department or unit Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	STOREST PRODUCTION OF	ial. • Use Section C to ident	TV 254 Conformation of the
Staff	2	Per ticket policy 5.3 ((k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the followin	
		II	al Role" or "Other" describe below:	Income L
		Ceremonial Role If checking "Ceremonia	Other al Role" or "Other" describe below:	Income [
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant (o the agency's policy
. Verification have read and understand FPPC Regulations 18944.1 and				the requirements.
Signature of Agency Head or Designee Comment:	Garcia Print Nan		t Administrator	(Month, Day, Year)

Agency Report of: Ceremonial Role Events and Tic	ket/Pass	s Distributions		A Public Document
Agency Name County of Los Angeles Division, Department, or Region (If Applicable))		Date Stamp	California 802 Form 809
Board of Supervisor, First District Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator Area Code/Phone Number E-mail 213-974-4111 bgarcia@bos	.lacounty.g	ov	Amendment (Must p	rovide explanation in Part 3.) (Month, Day, Year)
2. Function or Event Information Does the agency have a ticket policy? Event Description LA Phil Provide Title/Explain Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official?	Yes No Anation Yes No No No Yes Yes	Date(s) 05	f Each Ticket/Pass \$	
3. Recipients • Use Section A to identify the agency's department or unit A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	the first of the second section in	al. • Use Section C to identi	CVASCO Service Services
Staff	2	Per ticket policy 5.3 (k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the following Other al Role" or "Other" describe below:	ng:
		Ceremonial Role If checking "Ceremonia	Other Other describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant (o the agency's policy
Never read and understand FPPC Regulations 18944.1 and Barbara Signature of Agency Head or Designee		Ticket	nth above, is in accordance with Administrator Title	the requirements. 72/19 (Month, Day, Year)
Comment:				

				A Public Documer
Agency Name			Date Stamp	California 802
County of Los Angeles				Form OU2
Division, Department, or Region (If Applicable	9)		1	For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator			[] Amendment (Must	provide evaluation in Red 2.)
Area Code/Phone Number E-mail	0=0000			provide explanation in Part 3.)
213-974-4111 bgarcia@bos	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
Function or Event Information				168.00
Does the agency have a ticket policy?	Yes⊠ No		of Each Ticket/Pass \$ L	
Event Description LA Phil Provide Title/Expl	Ignation	Date(s) 05	,19 ,19	
		I A Phi	il	
Ficket(s)/Pass(es) provided by agency?	Yes No	∫⊠ If no:	Name of So	ource
Vas ticket distribution made at the behest	No⊠ Yes	If yes:		
of agency official?	2 01		Official's Name	(Last, First)
Recipients				
Use Section A to identify the agency's department or	Number of	ection B to identify an Individu	ual. • Use Section C to ider	ntify an outside organization.
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuan	t to the agency's policy
Staff	2	Per ticket policy 5.3	(k)	
	-			
3. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ring:
		Ceremonial Role If checking "Ceremon.	Other Other Other describe below:	Income
		Ceremonial Role	Other _	Income [
		II CHECKING CETERIOR	ial Role" or "Other" describe below:	
Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
(moreov address and description)	Pass(es)			
				## N. J. Company of the Company of t
/erification	JL			
······································	10040 11	arified that the distribution and fo	odh shove is in accordance wi	66 Ab
ave read and onder tand FPPC Regulations 18 <u>944.1 and</u>	18942. I nave ve	anneu mai me disimpution set ic	orur above, is in accordance wil	<u>in the requirements.</u>
Paye read and order pand FPPC Regulations 18944.1 and Barbara			t Administrator	1 2 19

County of Los Angeles Division, Department, or Region (if Applicable)	c Documen
Board of Supervisor, First District	nia 802
Board of Supervisor, First District Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator Area Code/Phone Number E-mail Date of Original Filing: (Month, Day, 1997) Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 99,00 Event Description A Phil Date(s)	002
Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator Area Code/Phone Number	ficial Use Only
Barbara Garcia, Ticket Administrator Area Code/Phone Number E-mail	
Area Code/Phone Number	
Date of Original Filing: Coremonial Role C	
Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 99.00	on in Part 3.)
Does the agency have a ticket policy? Event Description LA Phil Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? No Yes If no: No Yes If no: Name of Agency, Department or unit. Number of Ticket(s)/Pass(es) Per ticket policy 5.3 (k) Number of Ticket(s)/Pass(es) Recipients Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Per ticket policy 5.3 (k) Ceremonial Role Other Individual Individual Role or Other describe below: C. Name of Outside Organization Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's Pass(es) Describe the public purpose made pursuant to the agency's Pass(es) Describe the public purpose made pursuant to the agency's Pass(es) Describe the public purpose made pursuant to the agency's Pass(es) Describe the public purpose made pursuant to the agency's Pass(es) Describe the public purpose made pursuant to the agency's Pass(es) Describe the public purpose made pursuant to the agency's Pass(es) Describe the public purpose made pursuant to the agency's Pass(es) Describe the public purpose made pursuant to the agency's Pass(es)	(, Year)
Event Description A Phil Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No Incket distribution made at the behest of agency official? No Incket distribution made at the behest of agency official? No Incket distribution made at the behest of agency official? No Incket distribution made at the behest of agency official? No Incket distribution made at the behest of agency official? No Incket distribution made at the behest of agency official? No Incket distribution made at the behest of agency official? No Incket distribution made at the behest of agency official? No Incket distribution made at the behest of agency official? No Incket distribution made at the behest of agency official? No Incket distribution made at the behest of agency official? No Incket distribution made at the behest of agency official? No Incket distribution made at the behest of agency official? No Incket distribution made at the behest of agency official? No Incket distribution made at the behest of agency official? No Incket distribution made at the behest of agency official? If no: LA Phil Name of Source Name of Agency Department or unit. Use Section B to identify an Individual. If no: LA Phil Name of Source Name of Agency Department or unit. Use Section B to identify an Individual. If no: LA Phil Name of Source Name of Agency Department or unit. Use Section B to identify an Individual. If no: LA Phil Name of Source Name of Agency Department or unit. Use Section B to identify an Individual. Use Section B to identify an Individual. Use Section B to identify an Individual and Individual. If no: LA Phil Name of Source Name of Agency Department or unit. Use Section B to identify an Individual and Ind	
Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? No Yes If yes:	
Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? No Yes If yes: Official's Name (Last, First) Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an Individual. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Staff 2 Per ticket policy 5.3 (k) B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Ceremonial Role Other If theeking "Ceremonial Role" or "Other describe below: C. Name of Outside Organization (Include address and description) Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's defection of the following: C. Name of Outside Organization Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's defection of the following: C. Name of Outside Organization Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's D	
Was ticket distribution made at the behest of agency official? No Yes If yes: Official's Name (Last, First) Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Number of Ticket(s)/ Pass(es) Staff 2 Per ticket policy 5.3 (k) B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Ceremonial Role Other It checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization (Include address and description) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's Ceremonial Role Other It checking "Ceremonial Role" or "Other" describe below: Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's Describe the public purpose made pursuant to the agency's	
Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section B to identify an individual. • Use Section C to identify an outside or Ticket(s)' Pass(es) Staff 2 Per ticket policy 5.3 (k) B. Name of Individual (Lest, First) Number of Ticket(s)' Pass(es)	***************************************
Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside or Ticket(s)! Pass(es) Describe the public purpose made pursuant to the agency's Pass(es) Per ticket policy 5.3 (k) B. Name of Individual (Last, Fiet) Number of Ticket(s)! Pass(es) Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization (Include address and description) Number of Ticket(s)! Describe the public purpose made pursuant to the agency's pass(es) Describe the public purpose made pursuant to the agency's pass(es) Describe the public purpose made pursuant to the agency's pass(es) Describe the public purpose made pursuant to the agency's pass(es)	
Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside or Ticket(s)! Pass(es) Describe the public purpose made pursuant to the agency's Pass(es) Per ticket policy 5.3 (k) B. Name of Individual (Last, Fiet) Number of Ticket(s)! Pass(es) Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization (Include address and description) Number of Ticket(s)! Describe the public purpose made pursuant to the agency's pass(es) Describe the public purpose made pursuant to the agency's pass(es) Describe the public purpose made pursuant to the agency's pass(es) Describe the public purpose made pursuant to the agency's pass(es)	
A. Name of Agency, Department or Unit Number of Ticket(s) Pass(es)	organization.
B. Name of Individual (Last First) Number of Ticket(s)/ Pass(es) Identify one of the following:	's policy
Ticket(s)/ Pass(es) Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization (include address and description) Ticket(s)/ Ticket(s)/ Describe the public purpose made pursuant to the agency's	
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's	Income
(include address and description) Ticket(s)/ Describe the public purpose made pursuant to the agency's	Income
	s policy
Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Barbara Garcia Ticket Administrator Title (Mo Comment:	ots.

Ceremonial Role Events and Tic	ket/Pass	s Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				TOIM O
Division, Department, or Region (If Applicable))			For Official Use Only
Board of Supervisor, First District		ore first of the state of the s		
Designated Agency Contact (Name, Title)			1	
Barbara Garcia, Ticket Administrator	**************************************		1	<u> </u>
Area Code/Phone Number E-mail			Amendment (Must pr	rovide explanation in Part 3.)
213-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Marth Day Vers)
2. Function or Event Information			J	(Month, Day, Year)
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	68.00
I A Dhil	ICSES INC		,18 19	
Event Description Provide Title/Expl.	anation	Date(s) 05		<u> </u>
Ticket(s)/Pass(es) provided by agency?	v Fl u	If no: LA Phi		
Holicita//Fass(es) provided by agency !	Yes No	If no:	Name of Sou	irce
Was ticket distribution made at the behest	No⊠ Yes	If yes:		
of agency official?			Official's Name (L.	ast, First)
. Recipients				
Use Section A to identify the agency's department or its section A to identify the agency's department or its section.		ection B to identify an individu	ial. • Use Section C to identi	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant (to the agency's policy
Staff	2	Per ticket policy 5.3 ((k)	
				W. WELL AND STREET STREET STREET
B. Name of Individual	Number of Ticket(s)/			
(Last, First)	Pass(es)		Identify one of the following	19
		Ceremonial Role	Other	Income
		if checking "Ceremonia	al Role" or "Other" describe below:	the stamps course cancer summer states where states are
		Ceremonial Role	Other 🔲	Income
		If checking "Ceremonia	al Role" or "Other" describe below:	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the publ	lic purpose made pursuant t	o the agency's policy
	Pass(es)			
		ACCOUNTS OF THE PROPERTY OF TH	an and the purchase was a more officer and a more officer and	
				ar confidential foliation and a superior and a supe
Verification				
have read and understand FPPC Regulations 18944.1 and		100000000000000000000000000000000000000		the requirements.
Barbara			t Administrator	717/19
Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)
Comment:				

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** County of Los Angeles For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisor, First District Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator Amendment (Must provide explanation in Part 3.) Area Code/Phone Number bgarcia@bos.lacounty.gov Date of Original Filing: 213-974-4111 (Month, Day, Year) 2. Function or Event Information 168.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes No 05 18 LA Phil **Event Description** Date(s) Provide Title/Explanation A Phil Ticket(s)/Pass(es) provided by agency? Yes No Name of Source No⊠ Yes□ Was ticket distribution made at the behest If yes: of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Staff Per ticket policy 5.3 (k) Number of B. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other ___ Income If checking "Ceremonial Role" or "Other" describe below: Other _ Ceremonial Role Income

	944.1 and 18942. I have verified Barbara Garcia	that the distribution set forth above, is in accordance with the re	equirements.
Signature of Agency Head or Designee	Print Name	Title	(Month, tay, Year)
Comment			

Number of

Pass(es)

C.

Name of Outside Organization

(include address and description)

If checking "Ceremonial Role" or "Other" describe below:

Describe the public purpose made pursuant to the agency's policy

Agency Report of: Ceremonial Role Events and Ticl	ket/Pass	s Distributions		A Public Document
Agency Name County of Los Angeles Division, Department, or Region (If Applicable, Board of Supervisor, First District	County of Los Angeles Division, Department, or Region (If Applicable) Board of Supervisor, First District			California 802 Form 809
Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
213-974-4111 bgarcia@bos. 2. Function or Event Information Does the agency have a ticket policy? Event Description LA Phil Provide Title/Expla	Yes⊠ No		Date of Original Filing: of Each Ticket/Pass \$ 18 19	(Month, Day, Year)
	Yes□ No No⊠ Yes	ĭf no: LA Phi	Name of Sou Official's Name (L	
3. Recipients • Use Section A to identify the agency's department or u A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	a Armania Nazara - Francis de Ak	ial. • Use Section C to ident	NUMBER OF STREET
Staff	2	Per ticket policy 5.3 ((k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremoni	Identify one of the followle Other Other describe below:	ng:
		Ceremonial Role If checking "Ceremoni.	Other al Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)		ic purpose made pursuant (o the agency's policy
Verification I have read and understand PPC Regulations 18944.1 and 1	18042 5-1-	offed that the state of		
Signature of Agency Head or Designee Barbara		Ticket	rth above, is in accordance with t Administrator Title	(Month, Day, Year)
Comment:		F	PPC Toll-Free Helpline: 86	FPPC Form 802 (4/12) 66/ASK-FPPC (866/275-7772)

Agency Name County of Los Angeles Division, Department, or Region (If Applicable Board of Supervisor, First District Designated Agency Contact (Name, Title))		Date Stamp	California 802
Division, Department, or Region (If Applicable Board of Supervisor, First District	e)			
Board of Supervisor, First District	∌)		1	
	a available and a second			For Official Use Only
Designated Agency Contact (Name Title)				
Designated Agency Contact (Name, Title)			á	
Barbara Garcia, Ticket Administrator				<u> </u>
Area Code/Phone Number E-mail			Amendment (Must pro	vide explanation in Part 3.)
213-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
Function or Event Information			00	.00
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$.00
Event Description LA Phil		Date(s) 05	,18 ,19	//
Provide Title/Expl	anation	LA Phi		
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phil	Name of Sour	ra .
Was ticket distribution made at the behest	No⊠ Yes		Name of South	****
of agency official?	NO Tes	If yes:	Official's Name (La	st, First)
Recipients				
Use Section A to identify the agency's department or	unit. • Use Se	ction B to identify an individu	al. • Use Section C to identify	y an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	the agency's policy
Staff	2	Per ticket policy 5.3 ((k)	Maria Ma
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	J.
		Ceremonial Role If checking "Ceremoni	Other al Role" or "Other" describe below:	Income
		Ceremonial Role If checking "Ceremonial	Other all Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy
			A THE STATE OF THE	
Verification				
pave read and invierstand FPPC Regulations 18 <u>944.1 and</u>	18942. I have ve	edified that the distribution set fo	rth above, is in accordance with t	the requirements
	a Garcia	1 1	t Administrator	7/2/10
Signature of Agency Head or Designee	Print Nam		Title	(Month, Day, Year)

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Documen
1. Agency Name			Date Stamp	California 802
County of Los Angeles				roim
Division, Department, or Region (If Applicable	∌)			For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)]	
Barbara Garcia, Ticket Administrator			Amendment (Must o	provide explanation in Part 3.)
Area Code/Phone Number E-mail 213-974-4111 bgarcia@bos	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				
Does the agency have a ticket policy?	Yes No	Face Value o	of Each Ticket/Pass \$	68.00
Event Description LA Phil		Date(s) 05	, 19 , 19	
Provide Title/Expl Ticket(s)/Pass(es) provided by agency?		If no:	1	,
ricket(s)/r ass(es) provided by agency?	Yes No		Name of So	urce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (I	Last, First)
3. Recipients				
Use Section A to identify the agency's department or		ection B to identify an Individu	ual. • Use Section C to ident	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Staff	2	Per ticket policy 5.3	(k)	
	1			
B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
		Ceremonial Role If checking "Ceremoni	Other Other Other describe below:	Income
		Ceremonial Role If checking "Ceremoni	Other Other or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
	Pass(es)			
. Verification I have read an understand FBFO Regulations 18944.1 and Barbara	18942. I have vi a Garcia	11.000	orth above, is in accordance wit t Administrator	h the requirements.
Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)
Comment:				

The second secon				A Public Documer
Agency Name			Date Stamp	California 802
County of Los Angeles				. 0.111
Division, Department, or Region (If Applicable	9)			For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)]	
Barbara Garcia, Ticket Administrator	W. 100		Amendment (Must om	ovide explanation in Part 3.)
Area Code/Phone Number E-mail				vide explanation in Part 3.)
213-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
Function or Event Information			16	8.00
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	f Each Ticket/Pass \$	0.00
Event Description LA Phil		Date(s) 05	, 19 , 19	
Provide Title/Expl	anation			
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phi		
Was ticket distribution made at the behest			Name of Sour	Ce
of agency official?	No⊠ Yes	If yes:	Official's Name (La	st. First)
			,	
Recipients Use Section A to identify the agency's department or	unit. • Use Se	ection B to identify an individu	ral a lise Section C to identif	y an outside organization
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	A STATE OF S	lic purpose made pursuant to	A. O. C. Sales of August 1
Staff	2	Per ticket policy 5.3 ('k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremoni	Identify one of the following Other al Role" or "Other" describe below:	g: Income
		Ceremonial Role If checking "Ceremonial	Other al Role" or "Other" describe below:	Income
Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	o the agency's policy
Verification have read and Understand FPPC Regulations 18944.1 and				the requirements.
Signature of Agency Head or Designee	Print Nam		t Administrator	(Month, Day, Year)

1. A	emonial Role Events and Tic gency Name			Date Stamp	A Public Document
	ounty of Los Angeles				Form 8UZ
Di	ivision, Department, or Region (If Applicable	e)		<u></u>	For Official Use Only
	oard of Supervisor, First District esignated Agency Contact (Name, Title)				
Ва	arbara Garcia, Ticket Administrator	· · · · · · · · · · · · · · · · · · ·			
A	rea Code/Phone Number E-mail			Musi	t provide explanation in Part 3.)
21	3-974-4111 bgarcia@bos	s.lacounty.g	ov	Date of Original Filing	(Month, Day, Year)
Tid Wood	unction or Event Information bes the agency have a ticket policy? Vent Description LA Phil Provide Title/Expl cket(s)/Pass(es) provided by agency? as ticket distribution made at the behest of agency official? ecipients Use Section A to identify the agency's department or Name of Agency, Department or Unit	Yes No No Yes	Date(s) LA Phi If yes:	Name of S Official's Name ual. • Use Section C to ide lic purpose made pursua	e (Last, First)
В	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the follow Other Other describe below	Income 🔲
			Ceremonial Role If checking "Ceremoni	Other all Role" or "Other" describe below	Income :

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Barbara Garcia
Ticket Administrator
Title (Month, Day, Year)

Comment:

Ceremoniai Role Events and Ti	ckeurass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles			W.	Form OUZ
Division, Department, or Region (If Applicable	ole)		1	For Official Use Only
Board of Supervisor, First District	Board of Supervisor, First District			
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail	monaco de la companya del companya del companya de la companya de		1	ovide explanation in Part 3.)
213-974-4111 bgarcia@bo	os.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			l oc	9.00
Does the agency have a ticket policy?	Yes⊠ No	Yani marka and a same	of Each Ticket/Pass \$	
Event Description LA Phil		Date(s) 05	/19 /19	
Provide Title/Ex		I A Phi		die dan sei sam selle sergerana.
Ticket(s)/Pass(es) provided by agency?	Yes No	If no:	Name of Sou	rce
Was ticket distribution made at the behest	No⊠ Yes	If yes:		
of agency official?			Official's Name (La	ast, First)
3. Recipients				
Use Section A to identify the agency's department o	r unit. • Use Se Number of	ection B to identify an individu	ual. • Use Section C to identif	fy an outside organization.
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
Staff	2	Per ticket policy 5.3	(k)	
R Name of Individual	Number of			
B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the following	g:
		Ceremonial Role If checking "Ceremoni	Other Carlotter describe below:	Income
		Ceremonial Role If checking "Ceremoni	Other all Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	o the agency's policy
Signature of Agency Head or Designee	nd 18942. I have ve ra Garcia Print Nam	Ticke	orth above, is in accordance with t Administrator Tille	the requirements. (Month, Day, Year)
Comment:				

cere	moniai Role Even	ts and 11c	Ketrass	Sustributions		A Public Document
I. Ag	ency Name				Date Stamp	California 802
Cou	nty of Los Angeles					Form OUZ
Divi	sion, Department, or Reg	ion (If Applicable	9)		-	For Official Use Only
Boa	rd of Supervisor, First Dis	strict				
Des	ignated Agency Contact	Name, Title)			1	
Barb	oara Garcia, Ticket Admir	nistrator				
Area	a Code/Phone Number	E-mail			Amendment (Must pr	vide explanation in Part 3.)
213-	974-4111	bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
	nction or Event Infor				1,6	58.00
Doe	s the agency have a ticke	t policy?	Yes No	The state of the s	f Each Ticket/Pass \$	10.00
Ever	nt Description LA Phil			Date(s) 05	, 21 , 19	
		Provide Title/Expla	anation	LA Phil		
Tick	et(s)/Pass(es) provided by	/ agency?	Yes No	If no:	Name of Sou	rce
Was	ticket distribution made a	t the behest	No⊠ Yes	If yes:		
of a	agency official?		110-22 100	11 yes	Official's Name (La	ast, First)
	cipients					
• Use	Section A to identify the agency	r's department or i	7	ction B to identify an individu	al. • Use Section C to identif	ly an outside organization.
A.	Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
Staff	f		2	Per ticket policy 5.3 (k)	
B.	Name of Individua		Number of Ticket(s)/		Identify one of the followin	
	(Last, First)		Pass(es)		dentity one of the followin	9.
				Ceremonial Role	Other Role" or "Other" describe below:	Income
					Control Control Control Control	
				Ceremonial Role	Other All Role" or "Other" describe below:	Income
	Colins are a comment of the colonial co			ii Checking Ceremonia	ar Role of Other describe below:	
			No.			
C.	Name of Outside Organ		Number of Ticket(s)/	Describe the publ	ic purpose made pursuant to	
	(include address and des	ription)	Pass(es)	Describe the public	ic purpose made pursuant t	Tute agency's policy
						ACCOUNTY TO COMPANY TO SERVICE AND ADDRESS OF THE SERVICE AND ADDRESS OF TH
				and the same of th		
	fication	ations decoded and	10010 11			
Th	read and inderstand FPPC Regul	Barbara				the requirements.
1	Signature of Agency Head or Designee	Darbara	Print Nam		: Administrator	
		And the second s	runt ivall		ITTE	(Month, Day, Year)
Com	ment.					

Ceremonial Role Events and Tic	ket/Pass	s Distributions		A Public Document
1. Agency Name			Date Stamp	California Ono
County of Los Angeles				Form 802
Division, Department, or Region (If Applicable,)		4	For Official Use Only
Board of Supervisor, First District			1	
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)
213-974-4111 bgarcia@bos.	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			116	58.00
	Yes⊠ No		of Each Ticket/Pass \$	0.00
Event Description LA Phil		Date(s) 05	, 21 , 19	
TO LAND AND THE PROPERTY OF TH		I A Phi	l	A CONTRACTOR OF THE STATE OF TH
Ticket(s)/Pass(es) provided by agency?	Yes No	If no:	Name of Sou	rce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (La	ast, First)
3. Recipients			and the second s	
Use Section A to identify the agency's department or u	nit. • Use Se	ection B to identify an individu	ial. • Use Section C to identif	fy an outside organization.
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
Staff	2	Per ticket policy 5.3 ((k)	
B. Name of Individual (Last First)	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
		Ceremonial Role If checking "Ceremonial If checking "Ceremonial Role If checking "Ceremonial	Other Dial Role" or "Other" describe below:	Income
		Ceremonial Role If checking "Ceremonia	Other all Role" or "Other" describe below:	Income
	A			
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	o the agency's policy
Verification I have read and understand FPPC Regulations 18944.1 and 1 Barbara Signature of Agency Head or Designee		Ticket	t Administrator	7219
Comment:	e-nin iyan	ne.	Tille	(Month, Day, Year)

	I Role Events and Tid	cket/Pass	s Distributions		A Public Document
1. Agency N				Date Stamp	California 802
County of Lo		30. OKI - 18.		<u>]</u>	Form For Official Use Only
Division, De	partment, or Region (If Applicable	le)]	r or Official Ose Offiy
Board of Sup	pervisor, First District				
Designated A	Agency Contact (Name, Title)				
Barbara Gard	cia, Ticket Administrator				
Area Code/P	hone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)
213-974-411	1 bgarcia@bo	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function	or Event Information			00	200
Does the age	ency have a ticket policy?	Yes 🗵 No	Face Value o	of Each Ticket/Pass \$	9.00
Event Descri	ption LA Phil		Date(s) 05	,21 ,19	
LVOIL DOCU.	Provide Title/Exp	lanation	Value Marian Company		JE R
Ticket(s)/Pas	ss(es) provided by agency?	Yes No	If no: LA Phi		
Mas ticket di	stribution made at the behest	lol	particular de la constant de la cons	Name of Soul	rce
of agency o		No⊠ Yes	if yes:	Official's Name (La	ast. First)
3. Recipients					
	 to identify the agency's department or 	unit. • Use Se	ection B to identify an individu	ual. • Use Section C to identif	fy an outside organization.
	of Agency, Department or Unit	Number of	g strength with a second with the	lic purpose made pursuant t	NAME OF A SECTION OF SECTION
		Ticket(s)/ Pass(es)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o tile agency a policy
Staff			Per ticket policy 5.3	(L)	NOTE THE TOTAL PROPERTY OF THE TOTAL PROPERT
Stan			ref ticket policy 3.3	(K)	
		Number of			
В.	Name of Individual (Lest, First)	Ticket(s)/ Pass(es)		Identify one of the followin	ıg:
		1 433(43)	Ceremonial Role	Other 🗆	Income
				ial Role" or "Other" describe below:	income i
				en e	ocanida sunum etimi ett. 20 suurussuum etti 1700 saana suun ettimisesti 1700 saana suunus emille.
			Ceremonial Role	ial Role" or "Other" describe below:	Income
			In checking Gerenion.	al Acie of Other describe below.	
C. Nan	ne of Outside Organization	Number of	Describe the suit		
(inclu	de address and description)	Ticket(s)/ Pass(es)	Describe trie pub	lic purpose made pursuant to	o the agency's policy
				Water the state of	
		1			

4. Verification have reloand understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Barbara Garcia Ticket Administrator Signature of Agency Head or Designee Print Name (Month, Day, Year) Comment:

ceremoniai Role Even	ts and 11c	KevPass	Sustributions		A Public Documen
. Agency Name				Date Stamp	California O O O
County of Los Angeles				•	Form 802
Division, Department, or Regi	on (If Applicable	<i>)</i>			For Official Use Only
Board of Supervisor, First Dis	trict		nes (un et sign) de la companyon de la company		
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Admin	istrator				
Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
213-974-4111	bgarcia@bos	.lacounty.g	IOV	Date of Original Filing:	(Month, Day, Year)
. Function or Event Inform		300000000000000000000000000000000000000		90	9.00
Does the agency have a ticket	t policy?	Yes⊠ No		f Each Ticket/Pass \$	
Event Description LA Phil			Date(s) 05	21 19	
	Provide Title/Expl	anation	LA Phi	and this said an amazana said an	
Ticket(s)/Pass(es) provided by	agency?	Yes No	If no: ☐	Name of Sou	rce
Was ticket distribution made a	t the behest	No⊠ Yes	If yes:	- VI	
of agency official?				Official's Name (La	ast, First)
Recipients					
Use Section A to identify the agency	's department or		ection B to identify an individu	al. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
Staff		2	Per ticket policy 5.3 ((k)	
B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following	g:
			Ceremonial Role If checking "Ceremoni	Other describe below:	Income
			Ceremonial Role If checking "Ceremonial	Other all Other	Income
C. Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy
				AND THE COMPANY OF THE PARTY OF	and the second s
Verification		IL		No 21 years	
I have read and uniterstand FPPC Regula	ations 18 <u>944.1 and</u>	18942. I have ve	erified that the distribution set fo	rth above, is in accordance with	the requirements.
Mul		a Garcia		: Administrator	7/2/19
Signature of Agency Head or Designee		Print Nan	ne	Title	(Month, Day, Year)
Comment					
(.ommenr I					

Agency	Repor	t of:
Ceremo	nial Ro	le Eve

C	eremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	
	County of Los Angeles				Form 802
	Division, Department, or Region (If Applicable)				For Official Use Only
	Board of Supervisor, First District				
	Designated Agency Contact (Name, Title)				
	Barbara Garcia, Ticket Administrator				
	Area Code/Phone Number E-mail			Amendment (Must p	ovide explanation in Part 3.)
	213-974-4111 bgarcia@bos.	lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information			1	68.00
	Does the agency have a ticket policy?	Yes⊠ No	Face Value o	f Each Ticket/Pass \$	08.00
	Event Description LA Phil Provide Title/Expla	nation	Date(s) 05	, 23 , 19	
	Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phi	Name of Sou	irce
	Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (L	
3.	Recipients				
	Use Section A to identify the agency's department or u		ction B to identify an individu	al. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	Staff	2	Per ticket policy 5.3 ((k)	
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
			Ceremonial Role If checking "Ceremoni	Other all Role" or "Other" describe below:	Income 🗖
			Ceremonial Role If checking "Ceremoni	Other all Role" or "Other" describe below:	income
	C. Name of Outside Organization	Number of Ticket(s)/	Describe the public	ic purpose made pursuant f	emptet inne 1500e
I	(include address and description)	Pass(es)			o the agency a policy
	Verification If a re read and Inderstand FPPC Regulations 18944.1 and 1 Barbara Signature of Agency Head or Designee		Ticket	rth above, is in accordance with t Administrator Title	the requirements. (Month, Day, Year)

C	eremonial Role Events and Tic	ket/Pass	s Distributions		A Public Document
1.	Agency Name			Date Stamp	California QA2
	County of Los Angeles			8	Form 802
	Division, Department, or Region (If Applicable)			For Official Use Only
	Board of Supervisor, First District				
	Designated Agency Contact (Name, Title)			1	
	Barbara Garcia, Ticket Administrator			C Amondment (Must ex-	ovide explanation in Part 3.)
	Area Code/Phone Number E-mail				DVIGE EXPIAITATION IN PAIR 3.)
	213-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information			90	9.00
	Does the agency have a ticket policy?	Yes⊠ No	- Companions	of Each Ticket/Pass \$	
	Event Description LA Phil Provide Title/Expla	-notion	Date(s) 05	, 23 , 19	
	Ticket(s)/Pass(es) provided by agency?	Yes□ No	I A Phi		
				Name of Sou	rce
	Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (La	əst, First)
3.	Recipients				
	Use Section A to identify the agency's department or to	mit. • Use Se	ction B to identify an individu	ial. • Use Section C to identif	fy an outside organization.
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
	Staff	2	Per ticket policy 5.3 ((k)	
		1			
		Number of			
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
			Ceremonial Role	Other	Income
			If checking "Ceremoni	al Role" or "Other" describe below:	
			Ceremonial Role		Income
			il Gliecking "Geremoni	al Role" or "Other" describe below:	
Ļ		Number of .			
	C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
				NO STREET, STR	
۲	V 10 4				· · · · · · · · · · · · · · · · · · ·
	Verification have read any understand FPPC Regulations 18944.1 and	18942. I have ve	erified that the distribution set fo	oth above is in accordance with	the requirements
	Barbara			t Administrator	7/2/19
	Signature of Agency Head or Designee	Print Nam		Title	(Month, Day, Year)
-	Comment: L				

eremonial Role Eve	ents and Tic	ket/Pass	s Distributions		A Public Documen
. Agency Name				Date Stamp	California 802
County of Los Angeles					1-Oilli
Division, Department, or Re	egion (If Applicable	9)			For Official Use Only
Board of Supervisor, First (District	account source			
Designated Agency Contac	t (Name, Title)			1	
Barbara Garcia, Ticket Adn	ninistrator	•			
Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)
213-974-4111	bgarcia@bos	s.lacounty.g	lov	Date of Original Filing:	(Month, Day, Year)
Function or Event Info	ormation				168.00
Does the agency have a tic	ket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	100.00
Event Description LA Phil			Date(s) 05	, 24 , 19	
1	Provide Title/Expl	anation			
Ticket(s)/Pass(es) provided	by agency?	Yes No	If no: LA Phi		and the second s
Was ticket distribution made	at the heheet	No⊠ Yes		Name of So	DUTGA
of agency official?	e at the benest	No □ Yes	If yes:	Official's Name ((Last, First)
Recipients					
Use Section A to identify the age	ncy's department or	unit. • Use Se	ection B to identify an individu	ial. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Depart	Service and the service of	Number of Ticket(s)/ Pass(es)	The state of the s	lic purpose made pursuan	TANKS SEASON STREET
Staff		2	Per ticket policy 5.3 ((k)	
B. Name of Individ	ual	Number of			
(Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			Ceremonial Role If checking "Ceremoni	Other al Role" or "Other" describe below:	Income
			Ceremonial Role If checking "Ceremonial	Other al Role" or "Other" describe below:	Income
C. Name of Outside Org. (include address and d	anization escription)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
	. Auroport				
					annua antitoria agradia del como del filma del como del c
Verification	7.00 v2.0		41.	- K-100	
have read and understand FPPC Reg	gulations 18 <u>944.1 and</u>	18942. I have ve	erified that the distribution set fo	rth above, is in accordance wit	th the requirements.
	Barbara	a Garcia	Ticket	t Administrator	17/2/19
Signature of Agency Head or Design	ee	Print Nan	ne	Title	(Month, Day, Year)
Comment					
Comment:					

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 80 1. Agency Name Date Stamp Form County of Los Angeles For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisor, First District Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator Amendment (Must provide explanation in Part 3.) Area Code/Phone Number 213-974-4111 bgarcia@bos.lacounty.gov Date of Original Filing: (Month, Day, Year) 2. Function or Event Information 99.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes⊠ No□ Event Description LA Phil 24 05 Date(s) Provide Title/Explanation A Phil Ticket(s)/Pass(es) provided by agency? Yes No X Was ticket distribution made at the behest No⊠ Yes□ If yes: of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Staff 2 Per ticket policy 5.3 (k) Number of B. Name of Individual Ticket(s)/ Pass(es) Identify one of the following: (Last, First) Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number of C. Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es)

erification			
ave read and understand FPPC Regulatio	ns 18 <u>944,1 and 18942. I have verified that th</u>	e distribution set forth above, is in accordance with	the requirements.
Mell	Barbara Garcia	Ticket Administrator	7/2/16
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California Ono
County of Los Angeles				Form 802
Division, Department, or Region (If Applicable	e)			For Official Use Only
Board of Supervisor, First District			1	
Designated Agency Contact (Name, Title)			1	
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
213-974-4111 bgarcia@bos	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				
Does the agency have a ticket policy?	Yes No	Face Value of	of Each Ticket/Pass \$	68.00
Event Description LA Phil	Managara de la companya de la compa	Date(s) 05	,25 ,19	
Provide Title/Exp.	lanation	Z		JI A
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phi	Name of Sou	urce
Was ticket distribution made at the behest of agency official?	No 坚 Yes	If yes:	Official's Name (L	ast, First)
3. Recipients				
Use Section A to identify the agency's department or		ction B to identify an Individu	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Staff	2	Per ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
		Ceremonial Role If checking "Ceremoni	Other Other describe below:	Income 🔲
		Ceremonial Role If checking "Ceremoni	Other Use Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant (to the agency's policy
. Verification	dP	411		
have read and understand FPPC Regulations 18944.1 and	18942. I have ve a Garcia		orth above, is in accordance with t Administrator	the requirements.
Signature of Agency Head or Designee	Print Nam	ne	Title	(Month, Bay, Year)
Comment:				

Ceremonial Role Events and Tic	ket/Pass	s Distributions		A Public Document	
Agency Name			Date Stamp	California QA2	
County of Los Angeles			patro da esderena del di tarrifesso - • (esc	Form 802	
Division, Department, or Region (If Applicable	∍)			For Official Use Only	
Board of Supervisor, First District					
Designated Agency Contact (Name, Title)	Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator					
Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)	
213-974-4111 bgarcia@bos	.lacounty.g	IOV	Date of Original Filing:	(Month, Day, Year)	
. Function or Event Information					
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	f Each Ticket/Pass \$	9.00	
Event Description LA Phil	A TOTAL CONTRACTOR OF THE CONT	Date(s) 05	, 25 , 19		
Provide Title/Expl	anation				
Ticket(s)/Pass(es) provided by agency?	Yes No	o⊠ If no: LA Phi	Name of Sou	rce	
Was ticket distribution made at the behest of agency official?	No⊠ Yes	s If yes:	Official's Name (L	ast, First)	
. Recipients					
Use Section A to identify the agency's department or	unit. • Use Se	ection B to identify an individu	al. • Use Section C to identi	fy an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency's policy	
Staff	2	Per ticket policy 5.3 ((k)		
B. Name of Individual	Number of				
(Last, First)	Ticket(s)/ Pass(es)		Identify one of the followin	ng:	
		Ceremonial Role If checking "Ceremoni	Other all Role" or "Other" describe below:	Income	
		Ceremonial Role If checking "Ceremoni	Other all Role" or "Other" describe below:	Income	
C. Name of Outside Organization	Number of Ticket(s)/		ic purpose made pursuant t		
(include address and description)	Pass(es)		no purpose made parsualit.	o the agency's policy	
			4 b b b b b b b b b b b b b b b b b b b		
Yerification					
have read and understand FPPC Regulations 18944.1 and				the requirements.	
Signature of Agency Head or Designee			t Administrator	17/7/19	
Signature of Agency Read of Designee	Print Nan	ne	Title	(Month, Day, Year)	
Comment:					